REMARKS

The claims under immediate consideration in this case are claims 38-60 and claim 64. Claims 38-40, 44-46, 59-60 are rejected as being anticipated under Sec. 102(b) by the Millar Patent No. 4,850,358. Claims 41-43 and 47-58 have patentable subject matter and are objected to only because they are dependent upon rejected claims. Claim 64 is presumably allowed.

Applicants have further amended claim 38 in order to emphasize a particular relationship that Applicants believe structurally distinguishes over Millar but also provides a functional distinction over Millar.

In view of the following comments and arguments concerning the Millar patent, Applicants respectfully request further and favorable consideration and an allowance of the claims in this case.

The Millar Patent No. 4,850,358 And Applicants' Device

The claims which are rejected by the Examiner are rejected as being anticipated under Sec. 102(b) by the Millar '358 patent.

Applicants respectfully disagree and believe that the claims as previously presented are patentable over Millar. However, Applicants have further amended the main independent claim 38 to clarify one important distinction between Millar and Applicants' designs. Applicants believe that this amendment does not change the scope of claim 38. The amendment makes explicit that the two main catheter elements are connected to each other along a common longitudinal zone.

Millar is directed to a catheter device in which a guide wire 10 serves as a track. A series of devices are positioned along the track. The devices are longitudinally spaced from one another.

For example, in the Millar FIG. 8 embodiment, the pressure sensor 128, the balloon 116 and the pressure sensor 126 are longitudinally displaced from one another. The two pressure sensors are carried by the catheter 130 and the balloon 116 is carried by the catheter 120. Because these three devices are on a single track 10, they are not positioned by the wire track 10 in a common zone.

By contrast in Applicants' device, the coupling wire or suture 26 causes the two devices to be coupled together at a common zone.

Applicants have amended claim 38 to refer to the zone as a common longitudinal zone in order to eliminate any ambiguity as to what is meant by this claim limitation.

The Millar '358 design permits (although it does not require) separate independent insertion as well as separate withdrawal of the various devices which are axially deployed along the guide wire track 10. This independent insertion and independent withdrawal can occur without the removal of the guide wire track 10. By contrast, in Applicants' design, the linear engagement member 26 must be withdrawn first in order to cause the two elements (referred to as a tube and companion member in claim 38) to be disconnected so that they can then be independently withdrawn.

In contrast with the Millar '358 design, Applicants' elements (that is, the catheter and the companion element) cannot be withdrawn as long as the engagement member 26 is in place. This is critical to the proper function of Applicants' device which is to anchor the catheter in a patient (typically in dialysis) so that the patient cannot pull out the catheter.

Applicants' device is stitched together until the stitching is removed. The elements of applicants' device are not removable on a track.

The purpose of Applicants' design is to make sure that a catheter such as a hemodialysis catheter is retained in the patient and cannot be removed by the patient until the medical personnel involved calls for such removal. Having a zone 24 of the two element 20, 22 structure positioned within the patient, as shown in FIG. 1, assures this inability to remove.

Applicants' design allows the linear engagement member 26 to have a proximal end that terminates within one of the tubing and companion member. By contrast, in the Millar '358 design, the guide wire 10 which is used as a track has to be accessible outside the patient in order to slide the various elements and sensors down along the guide wire to position these elements within the patient.

With specific reference to Applicants' specification, FIG. 1 shows the situation in which the two tubes 4 and 5 are brought together at a common longitudinal zone B within the patient. FIG. 3 shows how the two tubes 20 and 22 are stitched together at the zone 24. Thus, the linear engagement member (wire 26) engages the two elements 20, 22 at the common longitudinal zone to hold them together solely at that zone.

The Millar design and Applicants' design are:

(a) structurally different, (b) have different teachings, and (c) are directed to the resolution of different types of catheter problems.

Applicants recognize that the Examiner's rejection is one of anticipation rather than one of obviousness.

In view of the recognition by the Examiner that the Millar design does not make Applicants' design obvious, Applicants believe that this clear distinguishing "common longitudinal zone" distinction provides the structural distinction that warrants withdrawing the anticipation rejection.

Respectfully submitted,

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